

UTILITY PATENT APPLICATION TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))



Docket No. : 50161/KMO/W112
Inventor(s) : Yaron Keider
Title : ULTRASOUND ABLATION CATHETER AND METHOD FOR ITS USE
Express Mail Label No. : EV351235944US

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 17, 2003

1. X **FEE TRANSMITTAL FORM** (Submit an original, and a duplicate for fee processing).

2. **IF A CONTINUING APPLICATION**

 This application is a of patent application No. .

Prior application information: Examiner ; Group Art Unit: .

 This application claims the benefit of Provisional Application No. pursuant to 35 U.S.C. §119(e) and 37 CFR §1.78(a)(4).

3. **APPLICATION COMPRISED OF**

Specification

 27 Specification, claims and Abstract (total pages)

Drawings

 6 Sheets of formal drawing(s) (FIGS. 1 to 10)

Declaration and Power of Attorney

 Newly executed

 X Unexecuted declaration

 Copy from a prior application (37 CFR 1.63(d))(for continuation and divisional)

4. **Microfiche Computer Program** (Appendix)

5. **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all necessary)

 Computer Readable Copy

 Paper Copy (identical to computer copy)

 Statement verifying identity of above copies

6. **APPLICANT(S) STATUS UNDER 37 CFR §1.27**

 Applicant(s) and any others associated with it/them under §1.27(a) are a SMALL ENTITY

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7. ALSO ENCLOSED ARE

- ☐ Request and Certificate under 35 U.S.C. §122(b)(2)(B)(i) **Request for Non-Publication)**
- ☐ Preliminary Amendment
 - ☐ Includes "Cross-Reference to Related Applications"
- ☐ A Petition for Extension of Time for the parent application and the required fee are enclosed
- ☐ An Assignment of the invention with the Recordation Cover Sheet and the recordation fee are enclosed
- ☐ This application is owned by pursuant to an Assignment recorded at Reel , Frame
- ☒ Information Disclosure Statement (IDS)/PTO/SB/08A/B
 - ☐ 5 Copies of IDS Citations
- ☐ Certified copy of Priority Document(s) (*if foreign priority is claimed*)
- ☐ English Translation Document (*if applicable*)
- ☒ Return Receipt Postcard (MPEP 503) (should be specifically itemized).
- ☐ Other:

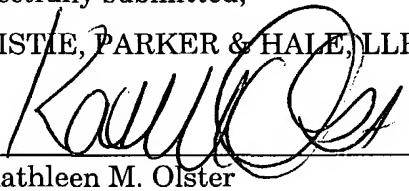
8. CORRESPONDENCE ADDRESS

CHRISTIE, PARKER & HALE, LLP, P.O. BOX 7068, PASADENA, CA 91109-7068
Customer Number: 23363

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By


Kathleen M. Olster

Reg. No. 42,052

626/795-9900

**FEE TRANSMITTAL
UTILITY PATENT APPLICATION**

DATE: July 17, 2003

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Duplicate _____

FEE DETERMINATION

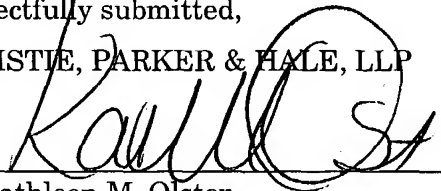
CLAIMS AS FILED					
	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY RATE	LARGE ENTITY RATE	FEE
TOTAL CLAIMS	45 - 20	= 25	x \$9.00	25 x \$18.00	450.00
INDEPENDENT CLAIMS	4 - 3	= 1	x \$42.00	1 x \$84.00	84.00
MULTIPLE-DEPENDENT CLAIMS FEE			\$140.00	\$280.00	0.00
BASIC FEE			\$375.00	\$750.00	750.00
TOTAL FILING FEE					\$1,284.00
List Independent Claims: 1, 17, 34 and 36					

METHOD OF PAYMENT

 X Payment Enclosed: Check for \$1,284.00.

 X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required during the **entire pendency** of the application to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,
CHRISTIE, PARKER & HALE, LLP

By 
Kathleen M. Olster
Reg. No. 42,052
626/795-9900

KMO/edb

EDB PAS515539.1*-07/16/03 8:33 AM